REEMPLOYMENT PRIORITY LIST REGISTRATION

P										
1.	NAME (Last) (First) (MI)		(MI)	2. SOCIAL SECURITY NUI		Y NUMBER	3.	DATE OF SEPARATION		
4.	HOME ADDRESS					5.	HOME PHON	E (Inclu	ude Area Code)	
	(Street)								,	
	(P.O. Box/Route #)					6.	LOWEST AC	CEPTA	ABLE GRADE	
	(City)		(State)	(ZIP	1					
7.					/					
••	If you wish to register for the DHHS Reemployment Priority List (RPL), do not sign here but skip to a complete Part B.									
	in you wish to register for the Diffits Reemployment i northy List (RFL), do not sign here but skip to a complete Part B.									
	If you do NOT wish to register for the DHHS Reemployment Priority List, sign here and return this form to your agency's RPL									
Coordinator. (Do not complete Part B.)										
SI	SIGNATURE OF REGISTRANT				DATE					
PART B										
1. QUALIFIED REPLACEMENT POSITIONS										
	List all occupational series for which the registrant is qualified and will accept employment. for each occupation, indicate whether the occupation is a one grade or two grade interval series, and the grade range for which the employee is qualified and will accept employment. Include as a first choice, the series of the position from which separated. The maximum grade must be no higher than the									
	grade level held at the t	ime of separa	ation, or equi	valent.						
	Series		Grade Interval			Minimum	Grade		Maximum Grade	
	1									
	2									
	3									
2.	AVAILABILITY FOR TEMPORARY EMPLOYMENT (A temporary appointment does NOT terminate reemployment priority for permanent positions.) For each of the following, check "Yes" only to indicate the duration of employment you are willing to accept. (Check if applicable)									
	Less than 1 month			1 to 4 months 5 to 12 months			s more than 12 months			
3.	AVAILABILITY FOR INTERMITTENT EMPLOYMENT 4. AVAILABILITY FOR PART-TIME EMPLOYMENT								MPLOYMENT	
	Yes		· 🗌	No		20 or fewer h	nours per weel	k [21 to 32 hours per week	
5.	GEOGRAPHIC AVAIL	ABILITY	(Check if ap	oplicable)						
	Washington, DC Frederick County, MD							Princ	e George's County, MD	
	Falls Church/Arlington, VA Montgomery C				ν County ΜΓ	ounty. MD			Other (Specify):	
6	A NOTE TO REGISTRANTS								(Opcony).	
0.										
	f you fail to reply to or decline an offer of a permanent position with a representative salary rate equal to or greater than the position from vhich separated, your application will be removed from the reemployment priority list and will no longer be referred by the RPL									
	coordinator for placement consideration. All registrants must keep the RPL coordinator advised of his/her current address and daytime									
	telephone number to ensure immediate contact. Registrants who fail to inform the RPL coordinator of this information and cannot be									
_	located based on registration information as previously provided, will be removed from the Reemploymer									
7. REGISTRANT'S SIGNATURE								TE		
8. REGISTERING OFFICIAL'S SIGNATURE							DA	TF		
э.										
TITLE						PHONE NUMBER (Include Area Code)				
PH	S-7017 (7/94) (FRONT)									

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597)

Authority for Collection of Information

P.L. 95-603, Executive Order 9379.

Purpose and Uses

The principal purpose for collecting the information requested on the above mentioned form is to register an employee on the Reemployment Priority List (RPL). Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service (IRS) for tax withholding purposes, the Department of Treasury for payroll action, and the Department of Labor for workman compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therefrom, may also be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of nonidentifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Number (SSN)

Disclosure of the SSN is mandatory since it is the identifier used by the IRS and taxes must be withheld from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard, it is also used by the PHS to locate records in order to respond to lawful request for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this RPL registration form is voluntary; however, if the form is submitted, omission of significant information requested would preclude continued processing of your name on the RPL.